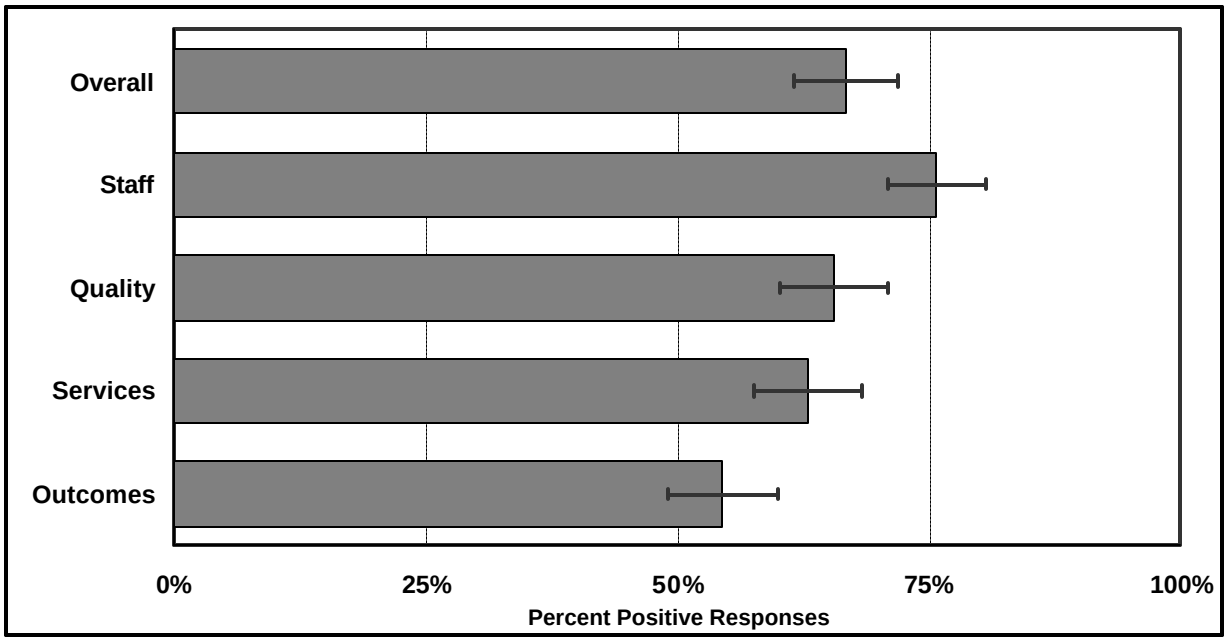
EVALUATION OF CHILD AND ADOLESCENT MENTAL HEALTH PROGRAMS By By Young People Served in Vermont July - December 2002

TECHNICAL REPORT

Positive Evaluation of Child and Adolescent Mental Health Programs by Youth Served in Vermont July-December 2002



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Vermont Department of Developmental and Mental Health Services

December, 2003

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TECHNICAL REPORT

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The authors of this report wish to thank all those who contributed to this project. This work could not have been completed without the help of Sharon Vivian (data collection, data coding and data entry) and the staff of the Child and Family Unit of the Department of Developmental and Mental Health Services. The authors would also like to thank the young consumers who took the time to evaluate and comment on the child and adolescent mental health programs provided by the community mental health centers in Vermont.

FOREWORD

The 2003 survey of young people served by child and adolescent mental health programs in Vermont is one part of a larger effort by the DDMHS Child, Adolescent and Family Unit to monitor community mental health program performance from the perspective of service recipients and other stakeholders. This survey begins the second cycle of evaluations of youth and family services provided by community mental health centers in Vermont.

The youth evaluations will be used in conjunction with the assessments of other service recipients and stakeholders and with measures of program performance drawn from existing databases to provide a more complete picture of the performance of local community mental health programs. The combined results of these evaluations will allow consumers and stakeholders an ongoing opportunity to compare the performance of community-based mental health programs in Vermont, and to support local programs in their quality improvement process.

The results of this survey should be considered in light of previous consumer and stakeholder evaluations of community mental health programs in Vermont, and in conjunction with the results of consumer and stakeholder surveys that will be conducted in the future. This new cycle of surveys incorporates some changes that are based on lessons learned during the first cycle of multi-stakeholder surveys conducted 1999 through 2002. This earlier cycle included a 1999 consumer survey that collected the views of children aged 14-18 on services they received from their local mental health programs. Social and Rehabilitation Services case workers in 2000 and Educators in 2001 participated in similar surveys providing the views of fellow professionals in child-serving agencies. A survey of parents of young people served completed the four-year cycle in 2002. Prior to that series of evaluations, assessments of child and adolescent mental health programs included 1994 and 1997 surveys that asked school personnel to assess the quality of services they received from their local child and adolescent mental health programs.

These evaluations should also be considered in light of measures of levels of access to care, service delivery patterns, service system integration, and treatment outcomes that are based on analyses of existing databases. Many of these indicators are published in the annual Department of Developmental and Mental Health Services (DDMHS) Statistical Reports and weekly Performance Indicator Project data reports (PIPs), which are available in hard copy form from the Vermont DDMHS Research and Statistics Unit or online from the website: www.state.vt.us/dmh/datanew.htm.

This approach to program evaluation assumes that program performance is a multidimensional phenomenon which is best understood on the basis of a variety of indicators that focus on different aspects of program performance. This report focuses on one very important measure of the performance of Vermont's community child and adolescent mental health programs, namely the subjective evaluations of young people who were served by those programs.

CONTENTS

EVALUATION OF CHILD AND ADOLESCENT MENTAL HEALTH PROGRAMS

By the Young People Served in Vermont July - December 2002

PROJECT OVERVIEW AND SUMMARY OF RESULTS

During spring 2003, the Child, Adolescent and Family Unit of the Vermont Department of Developmental and Mental Health Services invited young people to evaluate child and adolescent mental health programs in Vermont's ten regional community mental health centers (CMHCs). All young people aged 14 -18 who received Medicaid reimbursed services from these centers during the period July through December of 2002 were sent questionnaires that asked for their opinion of various aspects of these services. In total, 255 (22%) of the potential pool of 1,186 deliverable surveys were returned Out of these, 6 respondents returned questionnaires with comments only. This left 249 (21%) useable surveys for quantitative analysis. (See Appendix V.)

The youth survey consists of thirty fixed alternative items and four open-ended items designed to provide information that would help stakeholders to compare the performance of child and adolescent mental health programs in Vermont. The survey instrument included all items on the MHSIP Consumer Survey developed by a multi-state work group with further items added as a result of input from Vermont stakeholders. (See Appendix II.)

Methodology

In order to facilitate comparison of Vermont's ten child and adolescent mental health programs, young consumers' responses to thirty fixed alternative items were combined into five scales. These scales focus on ***Overall*** consumer evaluation of program performance, and evaluation of program performance with regard to ***Staff, Quality***, ***Services***, and ***Outcomes.*** In order to provide an unbiased comparison across programs, survey results were statistically adjusted to remove the effect of dissimilarities among the client populations served by different community programs. Measures of statistical significance were also adjusted to account for the proportion of all potential subjects who responded to the survey. (For details of scale construction and adjustment, see Appendix IV.) Reports of significance are at the 95% confidence level ($p. <.05$). The percentages of young people making positive and negative narrative comments in response to the open-ended questions are noted in this report. A more detailed analysis of the content of the comments of youth and other stakeholders will be issued in a separate report.

Overall Results

The young people served by child and adolescent mental health programs in Vermont rated their programs favorably. Statewide, on the *Overall* measure of program performance, 67% of the youth evaluated the programs positively. Some aspects of program performance, however, were rated more favorably than others. Fixed alternative items related to *Staff*, for instance, received the most favorable responses (76% favorable), followed by *Quality* (65% favorable) and *Services* (63% favorable). Items related to *Outcomes* (54% favorable) received the lowest ratings. Additional comments about program performance were offered by 76% of the youth. When these comments were coded as positive or negative, it was found that more young consumers made positive comments (49%) than negative comments (40%). The *Overall* scale scores (67% favorable) were almost the same as the previous survey in 1999: *Staff* and *Services* scale scores were higher and outcomes scale scores were lower.

Overview of Differences among Programs

In order to compare young consumers' evaluations of child and adolescent mental health programs on a regional basis, ratings of individual programs on each of five composite scales were compared to the median of the regional scores (referred to in this report as the statewide median) for each scale.

Although the survey was sent to service recipients in all ten regional community health centers, the comparative analysis is based on nine centers. There were too few responses from young people served in Lamoille County for a valid regional comparison. However, their responses are included in all statewide analyses and in the reporting of responses to individual survey items. (See Appendix V, Table 3.) The analysis of the survey responses by region indicate that there were some significant differences in young consumers' evaluations of some of the nine child and adolescent community mental health programs. (See Figure 1).

Figure 1. Positive Evaluation of Child and Adolescent Mental Health Programs By Young People Served in Vermont July - December 2002

Lamoille scores are excluded from regional reporting for 2003 because too few young people completed the survey for valid comparison.

There were two child and adolescent mental health programs that scored better than the statewide median, each on a single scale. The child and adolescent mental health program in Addison scored better than the statewide median on the *Service* scale, and the program in the Southeast region scored better on the *Outcomes* scale. Young consumers' evaluations of the other seven programs were not statistically different from the statewide median rating on any scale.

The results of this evaluation of child and adolescent mental health programs in Vermont need to be considered in conjunction with other measures of program performance in order to obtain a balanced picture of the quality of care provided to children and adolescents with mental health needs and their families in Vermont.

STATEWIDE RESULTS

The majority of young people served by child and adolescent mental health programs at CMHCs in Vermont rated their programs favorably. (Table 3, Appendix V provides an item-by-item summary of responses to the fixed alternative questions.)

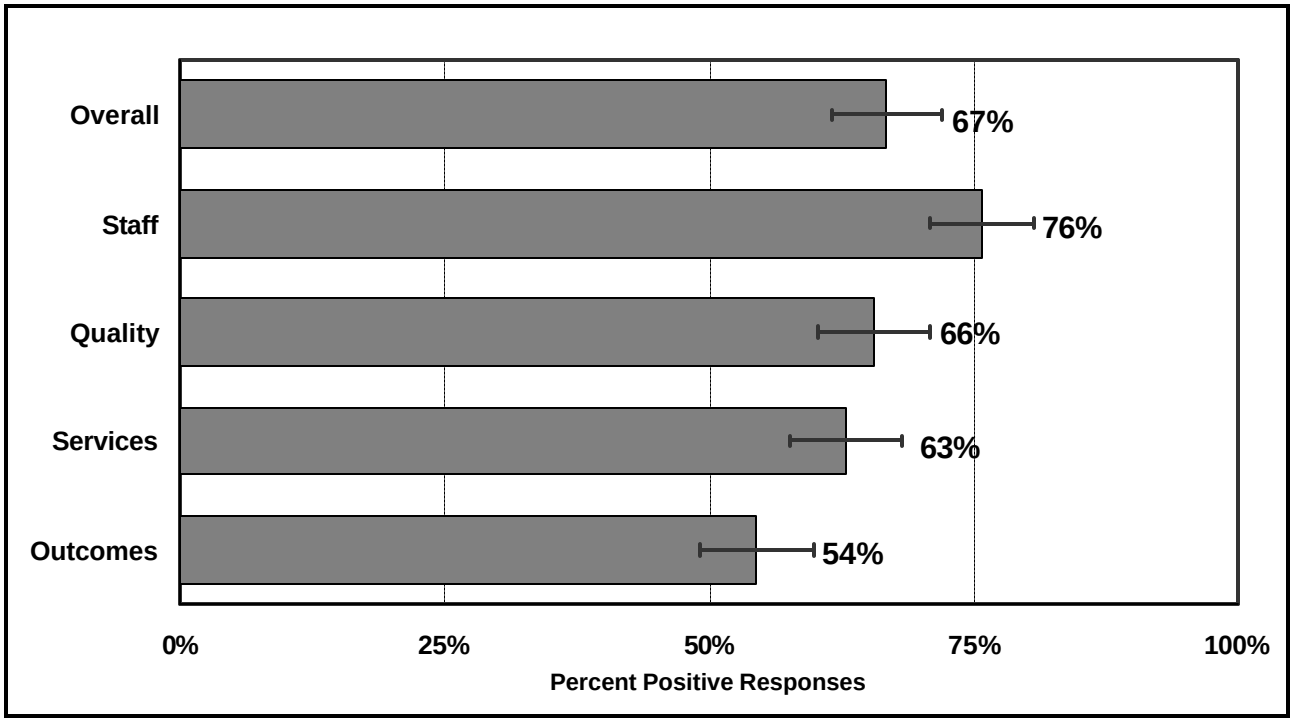
The most favorably rated items all related to staff: "Staff treated me with respect" (86%); “Staff spoke with me in a way that I understood (79%); "Staff listened to what I have to say" (79%); "Staff respected my wishes about who received information about me" (78%); and “I liked the staff who worked with me” (75%). Other favorably rated aspects of care included the convenience of the location of services (77%) and times of service availability (75%), and participation in treatment (75%).

Seventy-two percent of the young consumers agreed or strongly agreed that, “The services I received from <*agency*> were helpful to me.”

The young respondents gave less favorable ratings for items related to outcomes as a result of mental health services and they were least likely to agree that, "I am satisfied with family life right now" (53%).

There were significant differences in young consumers' ratings of child and adolescent mental health programs on the five scales derived from responses to the Vermont survey (Figure 2). Sixty-seven percent of young consumers rated programs favorably *Overall.* The *Staff* scale (76% favorable) received significantly more favorable responses than the *Quality* and *Services* scales (66% and 63% favorable). All three of these subscales received higher scores than the *Outcomes* scale (54% favorable).

Figure 2. Statewide Positive Evaluation of Child and Adolescent Mental Health Programs by Young People Served in Vermont July - December 2002



DIFFERENCES AMONG PROGRAMS

Young consumers' evaluations of child and adolescent mental health programs at Vermont's regional CMHCs on the five scales that were built from survey responses were generally favorable. To provide a comprehensive overall evaluation of program performance, the median of the regional scores for each of the scales was calculated. The youth ratings of each regional program were then compared to this statewide median for each of the scales (pages 28 and 30-37). These comparisons show some variation between providers. It should be noted that, since there were too few responses from young people served in Lamoille County for a valid regional comparison, the regional results reported here, and detailed in the tables in Appendix V, are based on the remaining nine regional centers in Vermont.

The child and adolescent mental health programs of the Counseling Service of Addison County (Addison) and Health Care and Rehabilitation Services of Southeastern Vermont (Southeast) were each rated better than the statewide median score on one scale. Addison was rated higher on the Staff scale and Southeast was rated higher on the Outcomes scale.

The remaining seven child and adolescent mental health programs were not rated differently from the statewide median score on any of the five scales. These were United Counseling Services (Bennington), the Howard Center for Human Services (Chittenden), Northeast Kingdom Human Services (Northeast), Northwestern Counseling and Support Services (Northwest), Clara Martin Center (Orange), Rutland Mental Health Services (Rutland), and Washington County Mental Health Services (Washington).

Positive Overall Evaluation

The measure of overall satisfaction with each of the community child and adolescent mental health programs that was used in this study is based on young consumers' responses to 30 fixed alternative questions. The response alternatives were on a 5-point scale: 5 *Strongly Agree,* 4 *Agree,* 3 *Undecided,* 2 *Disagree, o*r 1 *Strongly Disagree*. For the purposes of scale construction, a rating of 4 or 5 for a survey item was coded as a positive response. The composite measure of overall satisfaction for each respondent was based on the number of items with positive responses. (For details of scale construction, see Appendix IV.)

Statewide, two thirds (67%) of the young consumers gave their child and adolescent mental health programs a positive overall evaluation. None of the nine regional CMHCs compared were rated significantly different from the statewide median score of 68% on this scale. (See pages 28 and 30.)

Consumer Evaluation of Staff

The young consumers' rating of the staff of their local community child and adolescent mental health programs was derived from responses to ten fixed alternative questions:

18. I liked the staff people who worked with me at *<agency>.*
19. The staff knew how to help me.
20. The staff asked me what I wanted/needed.
21. The staff listened to what I had to say.
22. Staff respected my wishes about who received information about me.
23. Staff treated me with respect.
24. Staff spoke with me in a way that I understand.

25. Staff respected my family's religious/spiritual beliefs.
26. Staff were sensitive to my cultural/ethnic background.
27. People helping me stuck with me no matter what.

The composite measure of staff performance was based on the number of items with positive responses (*i.e*., a rating of 4 or 5). Statewide, young consumers generally rated their child and adolescent mental health programs more favorably on the *Staff* scale than on the other scales; 76% gave their child and adolescent mental health programs a positive staff evaluation. None of the nine programs compared were rated significantly different than the statewide median score of 74% on the *Staff* scale. (See pages 28 and 31.)

Positive Evaluation of Quality

The young consumers' rating of the quality of the programs was derived from responses to four fixed alternative questions:

1. The services I received from <*agency*> were helpful to me.
24. The services I received from <*agency*> this year were of good quality.
25. If I needed mental health services in the future, I would use this mental health center again.
26. I would recommend this mental health center to a friend who needed help.

The composite measure of program quality was based on the number of items with positive responses, (*i.e*., a rating of 4 or 5). Statewide, two thirds (66%) of the young consumers rated their child and adolescent mental health programs favorably on the *Quality* scale. None of the child and adolescent mental health programs were rated significantly different from the statewide median score of 66% on the *Quality* scale. (See pages 28 and 32.)

Positive Evaluation of Services

The young consumers' rating of the services they had received was derived from responses to ten fixed alternative questions:

8. Overall, I am satisfied with the services I received.
9. I helped to choose my treatment goals.
10. I helped to choose my services.
11. I participated in my own treatment.
12. I got the help I wanted.
13. I got as much help as I needed.
14. I received services that were right for me.
15. I felt I had someone to talk to when I was troubled.
16. The location of my mental health services was convenient.
17. Services were available at a time convenient for me.

The composite measure of child and adolescent program services was based on the number of items with positive responses, (*i.e*., a rating of 4 or 5). Statewide, 63% of the young consumers rated their child and adolescent mental health programs favorably on the *Services* scale. One of the CMHCs' ratings was significantly different from the statewide median of 60% on this scale. The services at Addison (83% favorable) were rated significantly higher than the statewide median score. (See pages 28 and 33.)

Positive Evaluation of Outcomes

Young consumers' perception of the outcomes of the services of the child and adolescent mental health programs was derived from responses to six fixed alternative questions:

As a result of the services I received:

2. I am better at handling daily life.
3. I get along better with my family.
4. I get along better with friends and other people.
5. I am doing better in school and/or at work.
6. I am better able to cope when things go wrong.
7. I am satisfied with my family life right now.

The composite measure of outcomes was based on the number of items with positive responses, (*i.e*., a rating of 4 or 5). Statewide, 54% of the young consumers rated their child and adolescent mental health programs favorably on the *Outcomes* scale.

One CMHC was rated significantly different from the statewide median of 49% on this scale. The young people served by the child and adolescent mental health program in the Southeast region rated their outcomes significantly more favorably than the statewide median; 72% reported that their handling of daily life and relationships were better as a result of the services they received. (See pages 28 and 34.)

Narrative Comments Based on Open-Ended Questions

In order to obtain a more complete understanding of the opinions and concerns of young consumers, four open-ended questions were included in the questionnaire:

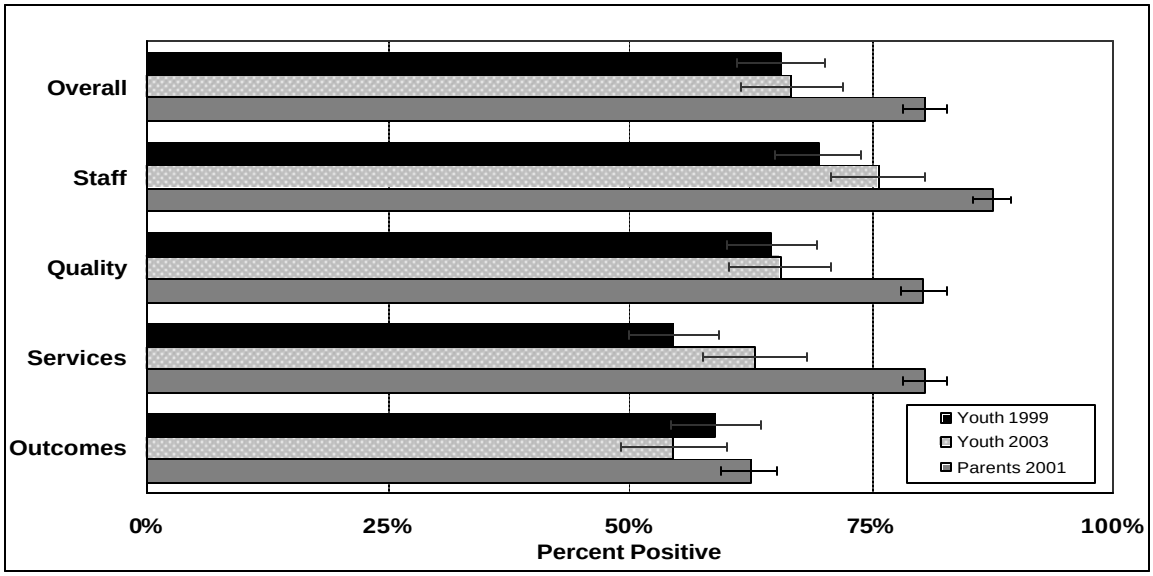
31. What was most helpful about the services you received?
32. What was least helpful about the services you received?
33. What could your mental health center do to improve?
34. Other comments:

In total, 189 (74% of the respondent pool) supplemented their responses to the fixed alternative questions with written comments. In the initial analysis, these comments were coded and grouped into positive and negative comments. In general the young consumers were more likely to be positive than negative in their comments (Figure 10). Statewide, more young people made positive comments (49%) than negative comments (40%). Significantly more young people made more positive than negative comments about their child and adolescent programs in Chittenden, Northwest, Orange, and Rutland. (For details, see page 35.)

COMPARATIVE EVALUATIONS BETWEEN STAKEHOLDERS

This survey begins a second series of surveys seeking multiple stakeholder views of the child and adolescent mental health programs of Vermont's ten regional CMHCs. The first series consisted of four surveys: youth aged 14 to 18 in 1999, SRS workers in 2000, educators in 2001 and parents in 2002. As far as possible, the respondents in each stakeholder group were asked the same questions. The first series enabled comparison between stakeholders. With this second series it is possible also to compare the views of the same stakeholder groups over time. This section briefly summarizes the results of the current survey compared to youth aged 14-18 four years ago and to the parents who were surveyed in 2002. Figure 3 below details statewide scores for the youth surveys of 1999 and 2003 and the parent survey of 2002. A report card summarizing regional comparisons from each of these surveys is shown in Figure 4, page 8. In reviewing these findings, some general themes emerge.

Figure 3. Comparative Youth and Parent Positive Evaluation of Child and Adolescent Mental Health Programs



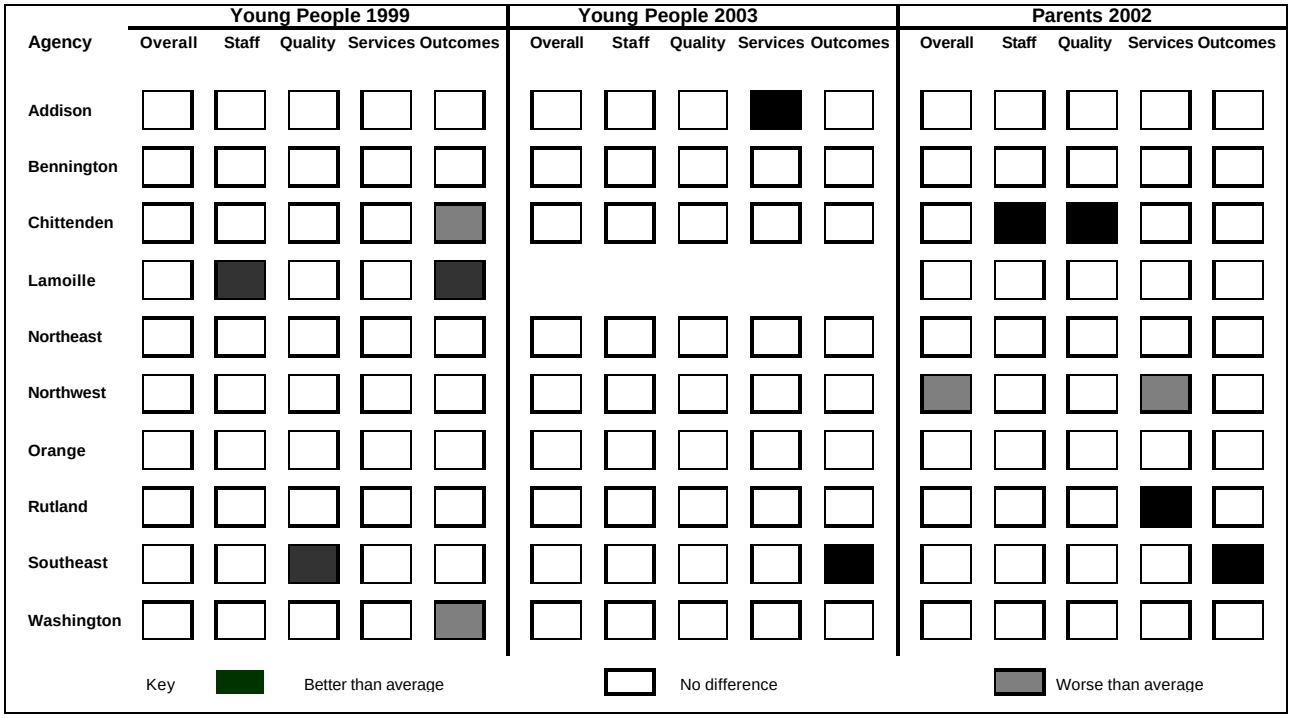
Looking at statewide change over time, it is evident that there was almost no change in the *Overall* and *Quality* ratings of child and adolescent services by youth. The *Overall* score was 67% in 2003 and 66% in 1999; The *Quality* score was 66% in 2003 and 65% in 1999. However, the *Staff*, *Services* and *Outcomes* subscales for the 2003 survey do show some, albeit not statistically significant, differences. The ratings for *Staff* increased from 70% to 76%, and the ratings for *Services* from 55% to 63%. The ratings for *Outcomes* decreased from 59% to 54%. The other major difference statewide was that the outcomes as a result of services received the lowest evaluation in 2003. In 1999 the services provided by the CMHCs received the lowest evaluation.

In comparing the 2002 parent and 2003 youth surveys, it is immediately clear that parents gave higher ratings on all scales than young people. The parent ratings for four scales were significantly higher: *Overall* (81% vs. 67% favorable)*; Staff* (87% vs. 76%); *Quality* (80% vs. 66% favorable)*;* and *Services* (81% vs. 63% favorable). The *Outcomes* scores were 62% and 54%. Despite these considerable differences in level of scores, the relative order of satisfaction remains the same. In each case, mental health program *Staff* receive the highest ratings, *Services* and *Quality* receive similar ratings and *Outcomes* receive the lowest ratings. This pattern of ratings evident at the state level is repeated in many of the individual regions.

Regionally, there are a few differences in how the child and adolescent community mental health programs' performance has been evaluated over time, and by youth and families. (See Figure 4.) From youth ratings over time, it can be seen that fewer CMHCs are receiving scores that differ from the statewide average in 2003, thus supporting the goal that all children should have access to quality care regardless of region. Whereas there were two CMHCs rated below average in 1999, in 2003 there were none. The Southeast region received an above average score on one scale in each year and this year the Addison program was rated highly on services.

There are, however, some significant differences between the 2003 youth and 2002 parent perceptions of the few programs whose evaluations differ significantly from the statewide average. For example, the Chittenden, Rutland and the Northwest region programs rated by parents as significantly different were judged by young people to be no different. Likewise, the services in Addison which were highly rated by young people were judged by parents to be no different from the statewide average. There was agreement on only one program; both parents and youth rated *Outcomes* significantly higher than the statewide average in Southeast.

Figure 4. Multi-Stakeholder Comparative Positive Evaluation of Child and Adolescent Mental Health Programs by Region



Lamoille scores are excluded from regional reporting for 2003 because too few young people completed the survey for valid comparison.

These surveys aim to paint a cumulatively clearer picture of how the consumer community (youth and parents) and system of care partners view child and adolescent community mental health programs statewide and by region. As this second cycle of surveys progresses, further comparisons will be made between evaluations of the same stakeholder groups over time, and between the different stakeholder groups. Along with the administrative quantitative data reported by the CMHCs on the clients served and the services they receive, this information will continue to guide program planners at the state level and enable them to identify regional strengths and weaknesses in their efforts to provide high quality service statewide. At the regional level, the findings also serve to inform local centers in their efforts to offer a seamless, effective, and efficient system of care.

APPENDIX I

LETTERS

Letter to Child and Adolescent Mental Health Program Directors

First Cover Letter

Follow-up Cover Letter

Business Office	(802) 241-2214	Developmental Services Division	(802) 241-2614
Commissioner's Office	(802) 241-2610	Fax Number	(802) 241-4224
ICS Division	(802) 241-2639	Mental Health Division	(802) 241-2604
Legal Division	(802) 241-2602	Fax Number	(802) 241-3052
Fax Number	(802) 241-1129	Vermont State Hospital	(802) 241-1000
TTY Relay Service	1-800-253-0191	Fax Number	(802) 241-3001

State of Vermont

Agency of Human Services
Department of Developmental & Mental Health Services
Children, Adolescent and Family Unit
103 South Main Street
Weeks Building
Waterbury, Vermont 05671-1601

March 29, 2002

Dear :

The Child, Adolescent and Family Unit is requesting your help in conducting the 2003 Youth Satisfaction Survey.

We have generated a list of consumers from your agency and enclosed a copy. We are asking that you and your staff review this list and point out consumers whom you believe it would be inappropriate for us to contact. We do not need to know the reasons for any particular situation, but, if there are several such situations, we would be interested in the most common reason. The list includes all youth ages 14 and up, who are Medicaid eligible and who received at least one unit of service between July 1 and December 31, 2002.

Please return the enclosed list to my assistant, Sharon Vivian, by April 11th, with the names of children we should not contact clearly marked.

We expect to mail out the survey to adolescents by April 25th, with a follow-up letter mailed by May19th, so that we can avoid the confusion of summer vacations. Data entry and analysis will proceed over the summer and the technical report should be available by the end of October 2003.

This will be the second youth survey. The first was conducted four years ago; its results are available in hard copy or on the department's website.

Thank you for your on-going commitment to continuous quality improvement in our system of care.

Sincerely,

Alice Maynard
Mental Health Quality Management Chief
Child, Adolescent & Family Unit

Business Office (802) 241-2214
Commissioner's Office (802) 241-2610
ICS Division (802) 241-2639
Legal Division (802) 241-2602
Fax Number (802) 241-1129
TTY Relay Service 1-800-253-0191

Developmental Services Division (802) 241-2614
Fax Number (802) 241-4224
Mental Health Division (802) 241-2604
Fax Number (802) 241-3052
Vermont State Hospital (802) 241-1000
Fax Number (802) 241-3001

State of Vermont

Agency of Human Services
Department of Developmental & Mental Health Services
Children, Adolescent and Family Unit
103 South Main Street
Weeks Building
Waterbury, Vermont 05671-1601

May 1, 2003

Dear :

You have been selected from among recipients of mental health services to help us evaluate the services you receive from «*agency*». Your opinions and your answers are very important to us. We want to continue to improve the quality of health care received by Vermonters, and we believe that people who participate in services have a special insight into what makes quality health care.

Answering the survey's questions is your choice. Your answers will not affect your ability to receive services. No one at «*agency*» will know that you are participating in the survey.

Your answers to this survey will not be available to anyone other than our research staff. Results will only be reported as rates and percentages for large groups of people; no individuals will be identified. The code on the questionnaire will allow us to link your answers to information about insurance coverage and to assure that you do not receive another survey after you answer this one.

If you would like to receive a summary of the results of this survey, please check the box at the end of the questionnaire. If you have any questions, please feel free to call Alice Maynard at 802-241-2621.

Thank you.

Sincerely,

Charles Biss, Director
Child, Adolescent, and Family Unit

Enclosure

CB/AM/slv

Business Office	(802) 241-2214	Developmental Services Division	(802) 241-2614
Commissioner's Office	(802) 241-2610	Fax Number	(802) 241-4224
ICS Division	(802) 241-2639	Mental Health Division	(802) 241-2604
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State of Vermont

Agency of Human Services
Department of Developmental & Mental Health Services
Children, Adolescent and Family Unit
103 South Main Street
Weeks Building
Waterbury, Vermont 05671-1601

May 24, 2003

Dear :

I am writing to encourage you to complete and return the survey about community mental health services that you received three weeks ago. Your answers to the survey's questions are important to us.

In case you did not receive the original survey or misplaced it, I have enclosed another copy with a pre-addressed and stamped envelope in which to return it.

Thank you for your help.

Sincerely,

Charles Biss, Director
DDMHS
Child, Adolescent and Family Unit

enclosure
cb/am/sv

APPENDIX II

VERMONT MENTAL HEALTH CONSUMER SURVEY

Vermont Mental Health Consumer Survey

Please circle the number for each item that best describes your evaluation of the services you received within the past year from [agency].

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
Results					
1. The services I received from *[agency]* were helpful to me ……..	1	2	3	4	5
As a result of the services I received:					
2. I am better at handling daily life…….……..	1	2	3	4	5
3. I get along better with my family……..	1	2	3	4	5
4. I get along better with friends and other people……	1	2	3	4	5
5. I am doing better in school and/or at work……	1	2	3	4	5
6. I am better able to cope when things go wrong……..	1	2	3	4	5
7. I am satisfied with my family life right now. ……	1	2	3	4	5
Services					
8. Overall, I am satisfied with the services I received….	1	2	3	4	5
9. I helped to choose my treatment goals……..	1	2	3	4	5
10. I helped to choose my services……..	1	2	3	4	5
11. I participated in my own treatment……	1	2	3	4	5
12. I got the help I wanted……	1	2	3	4	5
13. I got as much help as I needed……	1	2	3	4	5
14. I received services that were right for me……	1	2	3	4	5
15. I felt I had someone to talk to when I was troubled…	1	2	3	4	5
16. The location of my mental health services was convenient ……..	1	2	3	4	5
17. Services were available at times convenient for me…	1	2	3	4	5
Staff					
18. I liked the staff people who worked with me at *[agency]*…….……	1	2	3	4	5
19. The staff knew how to help me……..	1	2	3	4	5

- Over -

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
20. The staff asked me what I wanted/needed……	1	2	3	4	5
21. The staff listened to what I had to say……	1	2	3	4	5
22. Staff respected my wishes about who received information about me……..	1	2	3	4	5
23. Staff treated me with respect…..……	1	2	3	4	5
24. Staff spoke with me in a way that I understood……..	1	2	3	4	5
25. Staff respected by family's religious/spiritual beliefs..	1	2	3	4	5
26. Staff were sensitive to my cultural/ethnic background.	1	2	3	4	5
27. People helping me stuck with me no matter what…..	1	2	3	4	5

Overall Satisfaction

28. The services I received from *[agency]* this year were of good quality……..……	1	2	3	4	5
29. If I needed mental health services in the future, I would use this mental health center again……..	1	2	3	4	5
30. I would recommend this mental health center to a friend who needed help……..	1	2	3	4	5

Comments

31. What was most helpful about the services you received?

32. What was least helpful about the services you received?

33. What could your mental health center do to improve?

34. Other comments?

Please send me a summary of the findings of the survey. ____ Yes ____ No

Thank you!

APPENDIX III

DATA COLLECTION

Project Philosophy

Data Collection Procedures

Consumer Concerns

Project Philosophy

This survey was designed with two goals in mind. First, the project was designed to provide an assessment of program performance that would allow a variety of stakeholders to compare the performance of child and adolescent mental health programs in Vermont. These stakeholders, who are the intended audience for this report, include young consumers, parents, caregivers, program administrators, funding agencies, and members of the general public. The findings of this survey will be an important part of the local Agency Designation process conducted by DDMHS. It is hoped that these findings will also support local programs in their ongoing quality improvement process. Second, the project was designed to give young people who receive mental health services a collective voice and to provide a situation in which that voice would be heard. These two goals led to the selection of research procedures that are notable in three ways.

First, all qualified individuals, not just a sample of qualified individuals, were invited to participate in the evaluation. This approach was selected in order to assure the statistical power necessary to compare even small programs across the state, and to provide all young people who had received Medicaid funded mental health services during a given six month period, (July 2002 to December 2002), with the opportunity for a voice in the evaluation of their programs that would be heard at the state level.

Second, questionnaires were not anonymous although all responses are treated as personal/confidential information. An obvious code on each questionnaire allowed the research team to link survey responses with other data about the respondents (*e.g.*, age, sex, diagnosis, type and amount of service). This information allowed the research team to identify any non-response bias or bias due to any differences in the caseload of different programs, and to apply analytical techniques that control the effect of the bias. The ability to connect survey responses to personally identifying information also allowed Mental Health Division staff to contact respondents whenever strong complaints were received or potentially serious problems were indicated. In such cases, respondents are asked if they want Department staff to follow up on their concerns.

Third, sophisticated statistical procedures were used to assure that any apparent differences among programs were not due to differences in caseload characteristics, and to assure measures of statistical significance were sensitive to response rates achieved by this study. Both procedures are described in more detail in this Appendix.

Data Collection Procedures

Questionnaires (see Appendix II) were mailed to 1,427 young people aged 14 to 18 who received Medicaid reimbursed services from child and adolescent mental health programs in Vermont during the period July to December 2002. The main mailing of questionnaires took place during May and June 2002 by the Mental Health Division's Child, Adolescent and Family Unit central office staff. (Although an additional 27 surveys were mailed in October to service recipients served in Lamoille who had not been identified as potential participants at the time of the first mailing, only one completed survey was returned. The final total of 5 completed surveys from Lamoille was too few for a regional comparison, but the responses were included in statewide analyses.) Each questionnaire was clearly numbered. The cover letter to each client specifically referred to this number, explained its purpose, and assured the potential respondent that his or her personal privacy would be protected. (See Appendix I) The stated purpose of the questionnaire number was to allow the research team to identify non-respondents for follow-up, and to allow for the linkage of questionnaire responses to the DDMHS databases.

Before any questionnaires were mailed, a letter with a list of children served who had received at least one Medicaid funded mental health services in the set six month period was sent to every child and adolescent mental health program director. This letter described the project and asked the program directors to identify any young people receiving services whom it would be inappropriate to contact. (See Appendix I.) Of the 2,054 young people aged 14 -18 who had received services during that six month period, 1,519 (74%) had received Medicaid reimbursed services. The final mailing list included 1,427 (94%) of the 1,519 names on the original list; 1,186 surveys were deliverable. (See Appendix V, page 26.)

Approximately three weeks after the original questionnaire was mailed, young people who had not responded to the first mailing were sent a follow-up letter. (See Appendix I.) This mailing included the follow-up cover letter, a copy of the original cover letter, a second copy of the questionnaire, and another pre-addressed and stamped return envelope.

Questionnaires were received from 18% of all potential respondents. About 17% of the questionnaires were returned as undeliverable, and fifteen young consumers explicitly refused to participate in the survey. The adjusted response rate, excluding undeliverable questionnaires and those with comments only, was 21% statewide. Adjusted response rates for individual child and adolescent mental health programs varied from 12% to 28%. (See Appendix V for program-by-program response rates.) In a check for differences between the respondent and non-respondent groups, it was found that response rates varied little according to characteristics of the young people served. A variety of characteristics were examined including age, gender, volume of service, and various common DSM diagnoses. The only characteristic found to be significantly differently represented in each group was a diagnosis of conduct disorder. Youth with this diagnosis were less likely to respond to the survey.

Consumer Concerns

Written comments accompanied 74% of all returned questionnaires. Some of these comments expressed concerns of various kinds. The policy for all DDMHS surveys is that, whenever a written comment indicates the possibility of a problem that involves the health or safety of a client or that involves potential ethical or legal problems, a formal complaint procedure is initiated. Staff of the consumer satisfaction project hand-deliver a copy of the questionnaire to the Division of Mental Health staff person responsible for consumer complaints. Two staff people then review each complaint. If a follow-up is deemed appropriate, staff contact the consumer (by telephone or mail) to volunteer the service of the Division staff in regard to the issue. In this study, there were no comments expressing concerns that required action by DDMHS staff.

APPENDIX IV

ANALYTICAL PROCEDURES

Scale Construction and Characteristics

Positive and Negative Narrative Comments

Data Analysis

Finite Population Correction

Case-mix Adjustment

Discussion

Scale Construction

The 2003 Vermont survey of young people who had had been served by child and adolescent mental health programs included thirty fixed alternative questions and four open-ended questions. The original survey, used in 1999, included 22 fixed alternative items. This was revised to be compliant with the survey subsequently developed for national use and to incorporate lessons learned from administration from the first survey. Responses to the fixed alternative questions were entered directly into a computer database for analysis. Responses to the open ended questions were coded into positive and negative categories. On the fixed alternative questions, responses that indicated that young consumers "Strongly Agree" (5) or "Agree" (4) with the item were grouped to indicate a positive evaluation of program performance.

For purposes of analysis, five scales were derived from the young consumers' responses to the fixed alternative questions. These scales include a scale that measures young consumers' *Overall* evaluation of their child's treatment program, and subscales that measure their evaluation of the *Staff* who provided services, the *Services* received, and the *Quality* of the services received. In addition, a final scale measured the young consumers' perception of treatment *Outcomes*, the impact of the services on their life. The same domains were measured in the 1999 survey.

Overall consumer evaluation of child and adolescent mental health program performance, the first composite measure, uses all of the 30 fixed alternative questions. After each person's response to each questionnaire item was coded as "positive" or "not positive," the number of items with positive responses for each person was divided by the total number of questions to which the person had responded. The internal consistency of this scale, as measured by average inter-item correlation (Cronbach's Alpha) is .9377.

Individuals who had responded to less than half of the items included in any scale were excluded from the computation for that scale. (Two young consumers' ratings (0.8% of respondents) were excluded for the *Overall, Services,* and *Outcomes* scales, three (1.2%) on the *Staff* scale and four (1.6%) on the *Quality* scale).

Staff, our second composite measure, was derived from consumer responses to ten fixed alternative questions. The items that contributed to this scale include:

18. I liked the staff people who worked with me at <*agency*>.
19 The staff knew how to help me.
20. The staff asked me what I wanted/needed.
21. The staff listened to what I had to say.
22. Staff respected my wishes about who received information about me.
23. Staff treated me with respect.
24. Staff spoke with me in a way that I understand.
25. Staff respected my family's religious/spiritual beliefs.
26. Staff were sensitive to my cultural/ethnic background.
27. People helping me stuck with me no matter what.

For a rating to be included, at least five of these questions had to have been answered. The scores for the items that were answered were summed and divided by the number of items answered. The results were rounded to an integer scale with 4 and 5 coded as positive. The internal consistency of this scale, as measured by average inter-item correlation (Cronbach's Alpha) is .8464.

Quality, our third composite measure was derived from consumer responses to four of the other fixed alternative questions. The items that contributed to this scale include:

1. The services I received from <*agency*> were helpful to me.
28. The services I received from <*agency*> this year were of good quality.
29. If I needed mental health services in the future, I would use this mental health center again.
30. I would recommend this mental health center to a friend who needed help.

For a rating to be included, at least two of these questions had to have been answered. The scores for the items that were answered were summed and divided by the number of items answered. The results were rounded to an integer scale with 4 and 5 coded as positive. The internal consistency of this scale, as measured by average inter-item correlation (Cronbach's Alpha) is .8828.

Services, the fourth measure, was derived from consumer responses to ten of the other fixed alternative questions. The items that contributed to this scale include:

8. Overall, I am satisfied with the services I received.
9. I helped to choose my treatment goals.
10. I helped to choose my services.
11. I participated in my own treatment.
12. I got the help I wanted.
13. I got as much help as I needed.
14. I received services that were right for me.
15. I felt I had someone to talk to when I was troubled.
16. The location of my mental health services was convenient.
17. Services were available at a time convenient for me.

For a rating to be included, at least five of these questions had to have been answered. The scores for the items that were answered were summed and divided by the number of items answered. The results were rounded to an integer scale with 4 and 5 coded as positive. The internal consistency of this scale, as measured by average inter-item correlation (Cronbach's Alpha) is .8927.

Young consumers' perception of treatment *Outcomes,* the final measure, was based on responses to six of the fixed alternative questions. The items that contributed to this scale include:

As a result of the services I received:

2. I am better at handling daily life.
3. I get along better with my family.
4. I get along better with friends and other people.
5. I am doing better in school and/or at work.
6. I am better able to cope when things go wrong.
7. I am satisfied with my family life right now.

The *Outcomes* scale was constructed for all individuals who had responded to at least three of these items. The scores for the items that were answered were summed and divided by the number of items answered. The results were rounded to an integer scale with 4 and 5 coded as positive. The internal consistency of this scale, as measured by average inter-item correlation (Cronbach's Alpha) is .7501.

Positive and Negative Narrative Comments

In order to obtain a more complete understanding of the opinions and concerns of consumers of child and adolescent mental health programs in Vermont, four open-ended questions were included in the questionnaire:

27. What was most helpful about the services you received?
28. What was least helpful about the services you received?
29. What could your mental health center do to improve?
30. Other comments?

One hundred and eighty-nine young consumers (74% of all respondents) supplemented their responses to fixed alternative questions with written comments. In addition, a further ten young consumers supplied comments only. These written responses were coded and grouped to provide a further indicator of consumer satisfaction with child and adolescent mental health programs. The primary indicator derived from consumer responses to the open ended questions was the proportion of all respondents who made positive or negative comments about their child and adolescent mental health programs.

Data Analysis

In order to provide a more valid basis for comparison of the performance of Vermont's ten child and adolescent mental health programs, two statistical correction/adjustment procedures were incorporated into the data analysis. First, a "finite population correction" was applied to results to adjust for the proportion of all potential respondents who returned useable questionnaires. Second, a statistical "case-mix adjustment" helped to eliminate any bias that might be introduced by dissimilarities among the client populations served by different community programs.

Finite Population Correction

Consumer satisfaction surveys, intended to provide information on a finite number of people who are served by community mental health programs, can achieve a variety of response rates. Just over 20% of all potential respondents to this survey, for instance, returned useable questionnaires. When responses are received from a substantial proportion of all potential subjects, standard techniques for determining confidence intervals overstate the uncertainty of the results. The standard procedure for deriving 95% confidence intervals for survey results assumes an infinite population represented by a small number of observations. This confidence interval is derived by multiplying the standard error of the mean for the sample by 1.96.

In order to correct this confidence interval for studies in which a substantial proportion of all potential respondents is represented, a "finite population correction" can be added to the computation. The corrected confidence interval is derived by multiplying the uncorrected confidence interval by $\sqrt{1 - n/N}$, where n is the number of observations and N is the total population under examination.

The statistical significance of all findings in the body of this report have been computed using this finite population correction.

Case-mix Adjustment

In order to compare the performance of Vermont's child and adolescent mental health programs, each of the five measures of consumer satisfaction described above were statistically adjusted to account for differences in the case-mix of the ten programs. This process involved three steps. First, characteristics that were statistically related to variation in evaluations of child and adolescent mental health programs were identified. A variety of youth characteristics were tested. These included gender, age, a range of yes/no variables for individual DSM diagnoses, and the amount of service received. Second, statistically significant differences in the caseloads of the community programs were identified and compared to the variables that were related to variation in consumer ratings of program performance. Finally, variables that were statistically related to both response rates and satisfaction with services were used to adjust the raw measures of satisfaction for each community program. The relationship of each of the five scales to client characteristics and the variation of each across programs is described in the following table:

Table 1. Risk Adjustment: Statistical Significance of Relationships

Potential Risk Adjustment Factors	Case Mix	Scales				
		Overall	Staff	Quality	Services	Outcomes
Gender	0.15	0.422	0.57	0.183	0.367	0.108
Age	**0.007**	0.929	0.946	0.931	0.127	0.412
Service volume	**0.021**	0.331	0.66	0.427	0.551	**0.008**
Adjustment disorder	**0.004**	0.224	0.177	0.244	0.336	0.171
Affective Disorder	0.116	0.407	0.679	0.946	0.955	**0.054**
ADHD	**0.038**	0.151	**0.063**	0.846	0.374	1
Schizophrenia	0.855	**0.026**	**0.086**	**0.088**	**0.009**	0.532
Conduct disorder	0.508	0.217	0.298	0.206	0.181	0.108

Four of the risk adjustment factors were found to vary among the child and adolescent mental health program caseloads at a statistically significant level (p.<.10). These factors include service volume (roughly a third of the respondents each received 10 or less services, 11-37 services, or 38 or more services), and a primary diagnosis of affective disorder, ADHD or schizophrenia.

All scale scores except those for the *Outcomes* scale were significantly related to a diagnosis of schizophrenia, where young people with the diagnosis gave significantly lower evaluations. The *Staff* scale scores were significantly related to ADHD and schizophrenia diagnoses. Young people with ADHD also rated staff less favorably. The *Outcomes* scale scores were significantly related to service volume and affective disorder diagnosis. Those who received more services and those with affective disorder rated their outcomes significantly higher than those receiving less service and those without an affective disorder. Because scores on the *Staff* and *Outcome* scales were related to the risk factors and the case mix between programs was also significantly different, the scales were risk adjusted before scores for different programs were compared.

Whenever a statistical adjustment of survey results was necessary to provide an unbiased comparison of child and adolescent mental health programs, the analysis followed a four-step process. First, the respondents from each community program were divided into the number of categories resulting from the combination of risk factors. For this survey only two scales needed risk adjustment each involving one risk factor. Service volume for the *Outcome* scale involved three categories and ADHD for the *Staff* scale involved two categories. (Had both been needed, then there would be 6 categories.) Second, the average (mean) respondent rating was determined for each of these categories. Third, the proportion of all child and adolescent mental health program clients, statewide, who fell into each category was determined. Finally, the average rating for each category was multiplied by the statewide proportion of all potential respondents who fell into that category, and the results were summed to provide a measure of consumer rating that is free of the influence of differences in the characteristics of consumers across programs.

Mathematically, this analytical process is expressed by the following formula:

$$\sum w_i \overline{X_i}$$

where "w_i " is the proportion of all potential respondents who fall into age category "i", and "$\overline{X_i}$" is the average level of satisfaction for people in age group "i".

When one of the categories used in this analysis includes no responses, it is necessary to reconsider if the difference between the caseload of a specific program and the caseload of other programs in the state is too great to allow for statistical case-mix adjustment. If it is decided that the difference is within reason, the empty category was collapsed into an adjacent category and the process described above was repeated using the smaller set of categories.

Discussion

Both of the statistical adjustments/corrections used in this evaluation allowed the analysis to take into account the methodological strengths and shortcomings of the survey and the unique characteristics of Vermont's community mental health programs. Finite population correction provides the narrower confidence intervals that are appropriate to a study which obtains responses from a reasonable proportion of all potential respondents. Statistical adjustment for difference in case-mix allows researchers and program evaluators to appropriately compare the performance of programs that serve people with different demographic and clinical characteristics, and different patterns of service utilization.

In the Vermont Youth Survey, the finite population correction had a small impact on the statistical significance of the results of the consumer satisfaction survey. The statistical adjustment designed to correct for differences in case-mix across provider organizations had some impact on the survey results. This pattern is the result of specific characteristics of the Vermont survey and the Vermont system of care. The Vermont Youth Survey had a moderate response rate, and there was very little difference in the client populations of the community mental health programs in areas that were related to consumer satisfaction. The relative impact of these statistical adjustments will be very different in situations where response rates are higher and/or case-mix differences are more substantial.

APPENDIX V

TABLES AND FIGURES

Response Rates by Program

Positive Responses to Individual Questions by Program

Positive Scale Scores by Program

Provider Comparisons

Table 2

Youth Survey 2003: Response Rates

Evaluation of Child and Adolescent Mental Health Programs By Young People Served in Vermont July - December 2002

		Number						Response Rate	
		Mailed	Deliverable	Refusals	No Response	Returned[1]	Useable Surveys[2]	Returned[1]	Analyzed[2]
Statewide		1,427	1,186	15	916	255	249	22%	21%
Region/Provider[3]									
Addison	-CSAC	118	102	0	77	25	25	25%	25%
Bennington	-UCS	117	95	0	82	13	13	14%	14%
Chittenden	-HCHS	279	221	5	175	41	40	19%	18%
Lamoille	-LCMHS	43	43	0	38	5	5	12%	12%
Northeast	-NKHS	219	190	0	150	40	39	21%	21%
Northwest	-NCSS	146	118	4	87	27	27	23%	23%
Orange	-CMC	105	90	1	70	19	16	21%	18%
Rutland	-RMHS	98	84	0	67	17	17	20%	20%
Southeast	-HCRSSV	142	109	5	75	29	29	27%	27%
Washington	-WCMHS	160	134	0	95	39	38	29%	28%
Age	14-15	708	593	6	461	126	125	21%	21%
	16-18	719	593	9	455	129	124	22%	21%
Gender	Male	758	634	9	499	126	123	20%	19%
	Female	669	552	6	417	129	126	23%	23%

[1] All responses to survey including those who supplied comments but did not complete fixed response questions.
[2] Questionnaires that had been completed and used for analysis.
[3] Appendix 6 gives the full name and location of each of the ten designated CMHCs.

Table 3
Youth Survey 2003:
Positive Responses to Individual Fixed Alternative Questions by Program

	State	Addison	Bennington	Chittenden	Lamoille	Northeast	Northwest	Orange	Rutland	Southeast	Washington
23. Staff treated me with respect	**86%**	**92%**	**85%**	**83%**	**100%**	**85%**	**92%**	**88%**	**88%**	**79%**	**84%**
24. Staff spoke with me in a way that I understood	**79%**	**84%**	**85%**	**72%**	**100%**	**79%**	**88%**	**78%**	**82%**	**68%**	**82%**
21. The staff listened to what I had to say	**79%**	**92%**	**77%**	**78%**	**100%**	**69%**	**81%**	**83%**	**82%**	**79%**	**74%**
22. Staff respected my wishes about who received information about me	**78%**	**92%**	**85%**	**85%**	**67%**	**71%**	**77%**	**83%**	**82%**	**68%**	**74%**
16. The location of my mental health services was convenient	**77%**	**84%**	**75%**	**70%**	**33%**	**79%**	**73%**	**87%**	**76%**	**86%**	**74%**
18. I liked the staff people who worked with me at [agency].	**75%**	**80%**	**62%**	**83%**	**100%**	**64%**	**88%**	**59%**	**71%**	**75%**	**76%**
11. I participated in my own treatment	**75%**	**83%**	**46%**	**67%**	**50%**	**76%**	**85%**	**80%**	**71%**	**85%**	**74%**
17. Services were available at times convenient for me	**75%**	**92%**	**83%**	**68%**	**100%**	**77%**	**69%**	**81%**	**53%**	**68%**	**79%**
26. Staff were sensitive to my cultural/ethnic background	**74%**	**72%**	**62%**	**82%**	**100%**	**68%**	**77%**	**76%**	**65%**	**81%**	**73%**
25. Staff respected my family's religious/spiritual beliefs	**73%**	**80%**	**62%**	**73%**	**100%**	**65%**	**85%**	**71%**	**65%**	**81%**	**69%**
20. The staff asked me what I wanted/needed	**72%**	**87%**	**67%**	**73%**	**67%**	**62%**	**81%**	**67%**	**75%**	**64%**	**78%**
1. The services I received from [agency] were helpful to me	**72%**	**78%**	**54%**	**74%**	**75%**	**65%**	**80%**	**60%**	**65%**	**74%**	**78%**
30. I would recommend this mental health center to a friend who needed help	**71%**	**84%**	**62%**	**65%**	**67%**	**59%**	**81%**	**72%**	**76%**	**71%**	**76%**
28. The services I received from [agency] this year were of good quality	**70%**	**79%**	**62%**	**73%**	**67%**	**69%**	**69%**	**67%**	**65%**	**69%**	**68%**
4. I get along better with friends and other people	**69%**	**68%**	**75%**	**74%**	**75%**	**56%**	**62%**	**71%**	**76%**	**71%**	**72%**
29. If I needed mental health services in the future, I would use this mental health center again	**68%**	**83%**	**46%**	**65%**	**67%**	**64%**	**81%**	**61%**	**65%**	**71%**	**68%**
27. People helping me stuck with me no matter what	**68%**	**76%**	**54%**	**74%**	**67%**	**67%**	**62%**	**61%**	**65%**	**68%**	**73%**
15. I felt I had someone to talk to when I was troubled…	**68%**	**75%**	**69%**	**68%**	**100%**	**59%**	**77%**	**59%**	**59%**	**68%**	**73%**
8. Overall, I am satisfied with the services I received.	**67%**	**64%**	**54%**	**70%**	**75%**	**62%**	**77%**	**69%**	**53%**	**75%**	**70%**
9. I helped to choose my treatment goals	**67%**	**83%**	**38%**	**58%**	**50%**	**74%**	**69%**	**59%**	**76%**	**71%**	**68%**
19. The staff knew how to help me	**64%**	**68%**	**46%**	**63%**	**100%**	**62%**	**62%**	**59%**	**71%**	**57%**	**76%**
14. I received services that were right for me	**63%**	**75%**	**46%**	**60%**	**100%**	**62%**	**65%**	**59%**	**59%**	**50%**	**74%**
2. I am better at handling daily life	**62%**	**52%**	**38%**	**63%**	**50%**	**62%**	**58%**	**63%**	**59%**	**79%**	**68%**
5. I am doing better in school and/or at work	**62%**	**52%**	**46%**	**62%**	**50%**	**50%**	**58%**	**53%**	**71%**	**71%**	**82%**
6. I am better able to cope when things go wrong	**60%**	**67%**	**46%**	**62%**	**50%**	**46%**	**56%**	**53%**	**41%**	**74%**	**79%**
12. I got the help I wanted	**60%**	**63%**	**38%**	**65%**	**75%**	**55%**	**54%**	**53%**	**59%**	**57%**	**71%**
3. I get along better with my family	**58%**	**60%**	**54%**	**49%**	**50%**	**53%**	**58%**	**71%**	**53%**	**71%**	**63%**
13. I got as much help as I needed	**58%**	**67%**	**38%**	**55%**	**75%**	**54%**	**77%**	**53%**	**53%**	**59%**	**55%**
10. I helped to choose my services	**56%**	**70%**	**31%**	**50%**	**50%**	**49%**	**54%**	**65%**	**65%**	**57%**	**61%**
7. I am satisfied with my family life right now	**53%**	**44%**	**54%**	**48%**	**50%**	**56%**	**58%**	**65%**	**47%**	**57%**	**55%**
Average	**69%**	**74%**	**58%**	**68%**	**62%**	**64%**	**72%**	**68%**	**66%**	**70%**	**72%**

Table 4

Youth Survey 2003: Adjusted Positive Scale Scores by Program

Evaluation of Child and Adolescent Mental Health Programs By Young People Served in Vermont July - December 2002

Region		Overall	Staff*	Quality	Services	Outcomes*
Statewide	Respondents	247	246	245	247	247
	Mean Score**	67%	76%	66%	63%	54%
	Median Score	65%	74%	64%	60%	49%
Addison	-CSAC	72%	81%	75%	**83%**	38%
Bennington	-UCS	46%	64%	46%	46%	47%
Chittenden	-HCHS	63%	84%	64%	60%	49%
Northeast	-NKHS	64%	71%	59%	59%	47%
Northwest	-NCSS	74%	78%	74%	67%	48%
Orange	-CMC	44%	59%	63%	56%	55%
Rutland	-RMHS	65%	72%	59%	59%	66%
Southeast	-HCRSSV	71%	74%	68%	61%	**72%**
Washington	-WCMHS	74%	74%	68%	63%	61%

* Risk adjusted scores. Staff ratings are adjusted for differences in case mix for youth with ADHD and Outcome ratings are adjusted for differences in case mix for service volume. (see Appendix IV)

**Lamoille scores are included in statewide analyses but excluded from regional reporting because too few young people completed the survey for valid comparison. The median score is based on nine CMHCs.

Rates in bold typeface are significantly different from statewide median rating for that scale.

PROVIDER COMPARISONS

Positive Overall Evaluation

Positive Evaluation of Staff

Positive Evaluation of Quality

Positive Evaluation of Services

Positive Evaluation of Outcomes

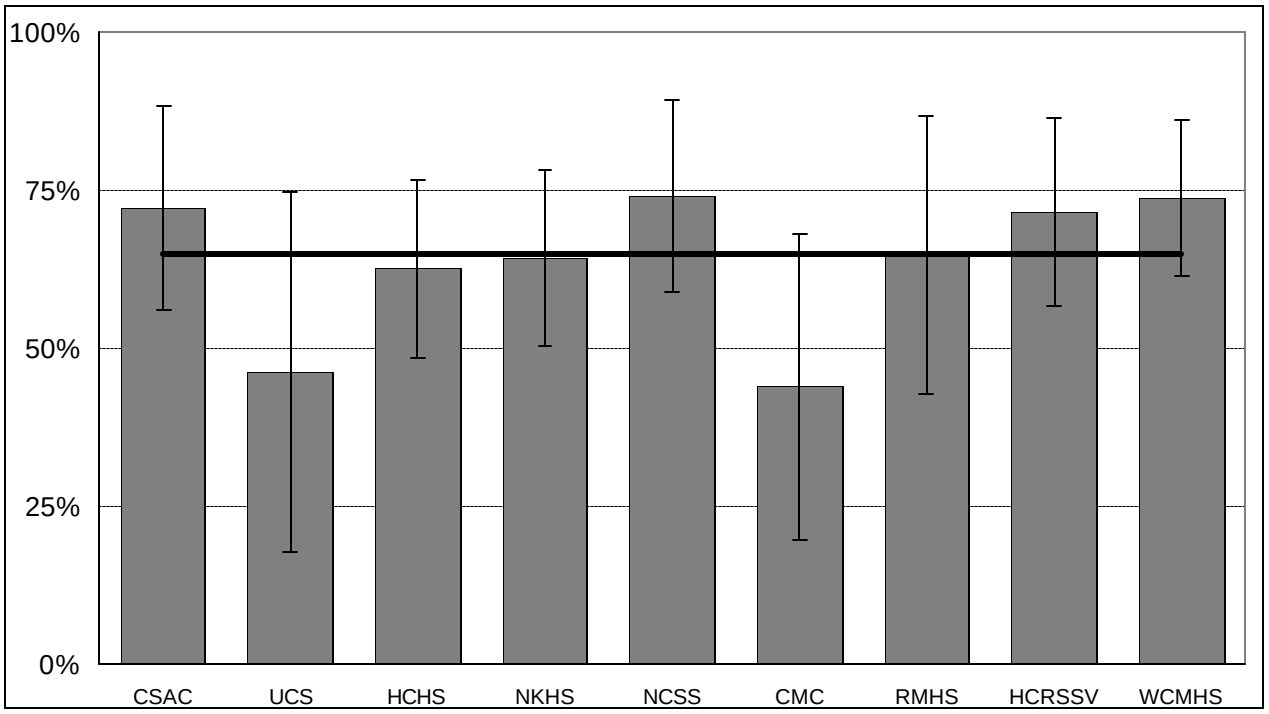
Additional Positive and Negative Narrative Comments

Report Card for Agencies

Comparative Evaluation: 2003 and 1999

Figure 5. Youth Survey 2003: Positive Overall Evaluation

By Young People Served in Vermont July - December 2002



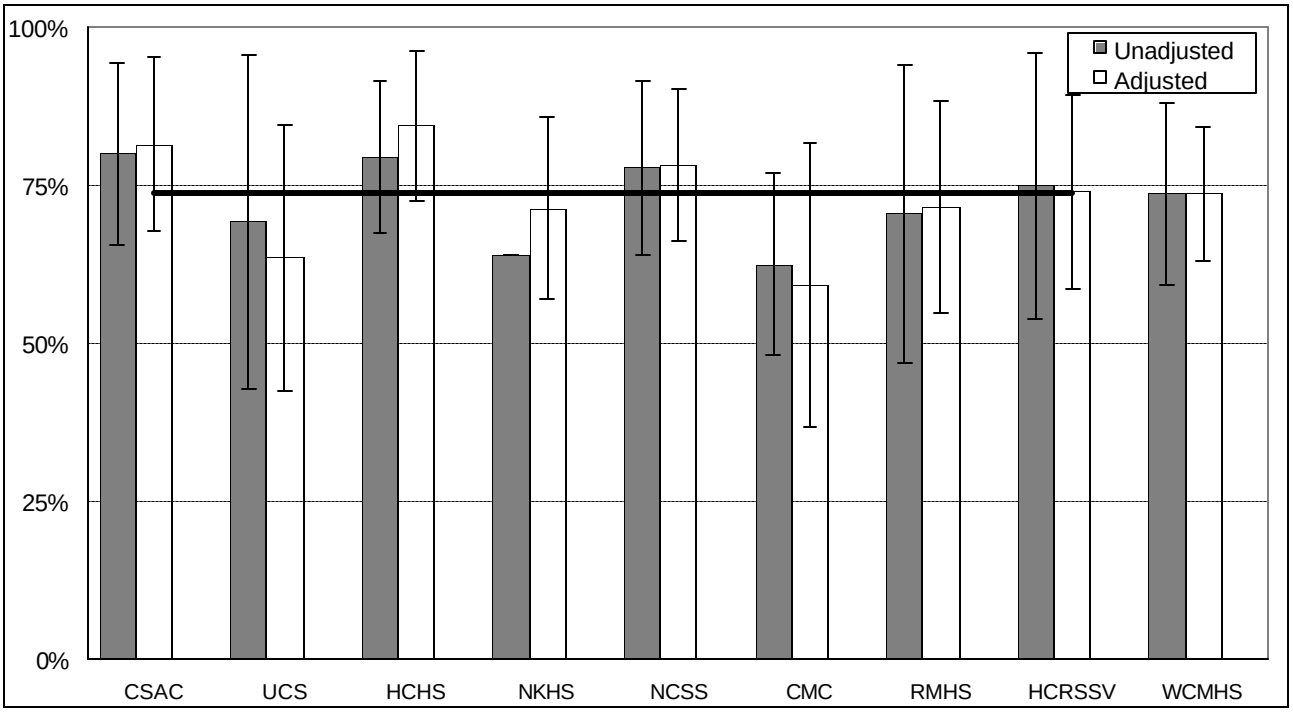
Region/Provider	# Respondents	# Positive Respondents	% Positive Respondents	Confidence Interval	Significance*
Addison -CSAC	25	18	72%	(56%-88%)	
Bennington -UCS	13	6	46%	(18%-75%)	
Chittenden -HCHS	40	25	63%	(48%-77%)	
Northeast -NKHS	39	25	64%	(50%-78%)	
Northwest -NCSS	27	20	74%	(59%-89%)	
Orange -CMC	16	7	44%	(20%-68%)	
Rutland -RMHS	17	11	65%	(43%-87%)	
Southeast -HCRSSV	28	20	71%	(56%-86%)	
Washington -WCMHS	38	28	74%	(61%-86%)	
Statewide median	243	160	65%		

Lamoille scores are excluded from regional reporting because too few young people completed the survey for valid comparison.

* Denotes that overall ratings of this agency are significantly different to the statewide median ($p < .05$)

Figure 6. Youth Survey 2003: Positive Evaluation of Staff

By Young People Served in Vermont July - December 2002



Region/Provider	# Respondents	# Positive Respondents	Adj.%Positive Respondents	Confidence Interval	Significance*
Addison -CSAC	25	20	81%	(68%-95%)	
Bennington -UCS	13	9	64%	(42%-85%)	
Chittenden -HCHS	39	31	84%	(73%-96%)	
Northeast -NKHS	39	25	71%	(57%-86%)	
Northwest -NCSS	27	21	78%	(66%-90%)	
Orange -CMC	16	10	59%	(37%-82%)	
Rutland -RMHS	17	12	72%	(55%-89%)	
Southeast -HCRSSV	28	21	74%	(59%-89%)	
Washington -WCMHS	38	28	74%	(63%-84%)	
Statewide median	242	177	74%		

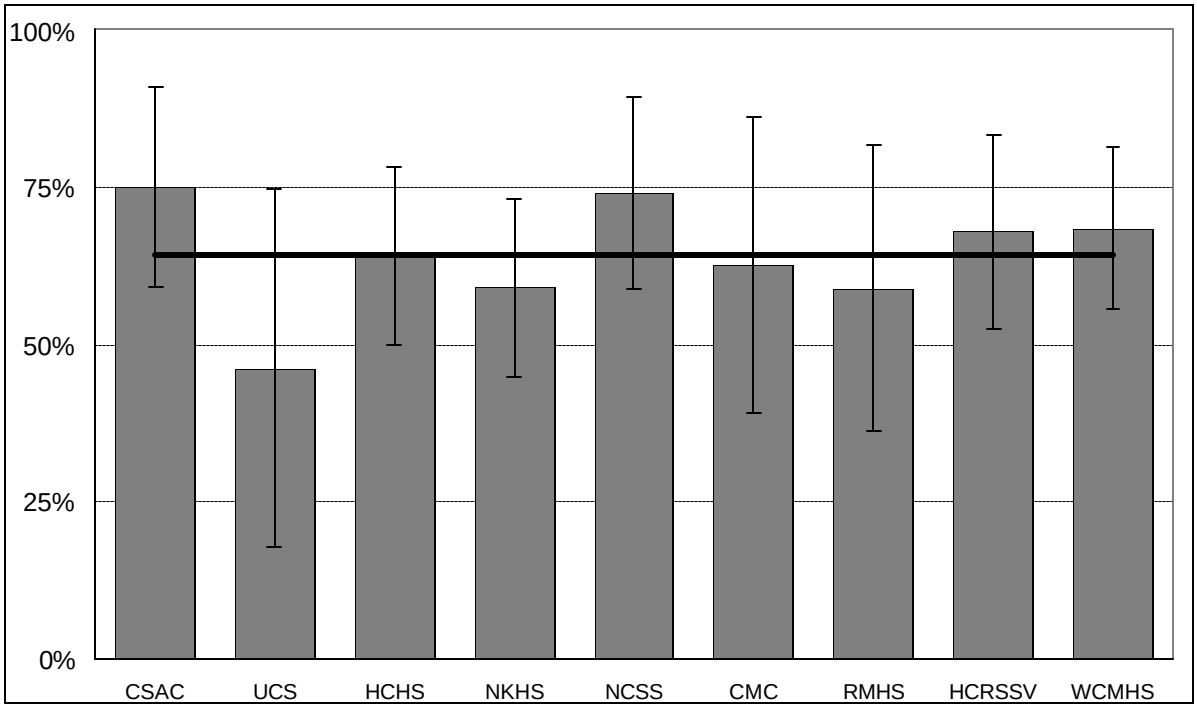
Lamoille scores are excluded from regional reporting because too few young people completed the survey for valid comparison.

% positive scores adjusted to account for differences between CMHCs in the number of youth with ADHD served during the study period

* Denotes that ratings given by youth served by this agency are significantly different to the statewide median rating ($p<.05$).

Figure 7. Youth Survey 2003: Positive Evaluation of Quality

By Young People Served in Vermont July - December 2002



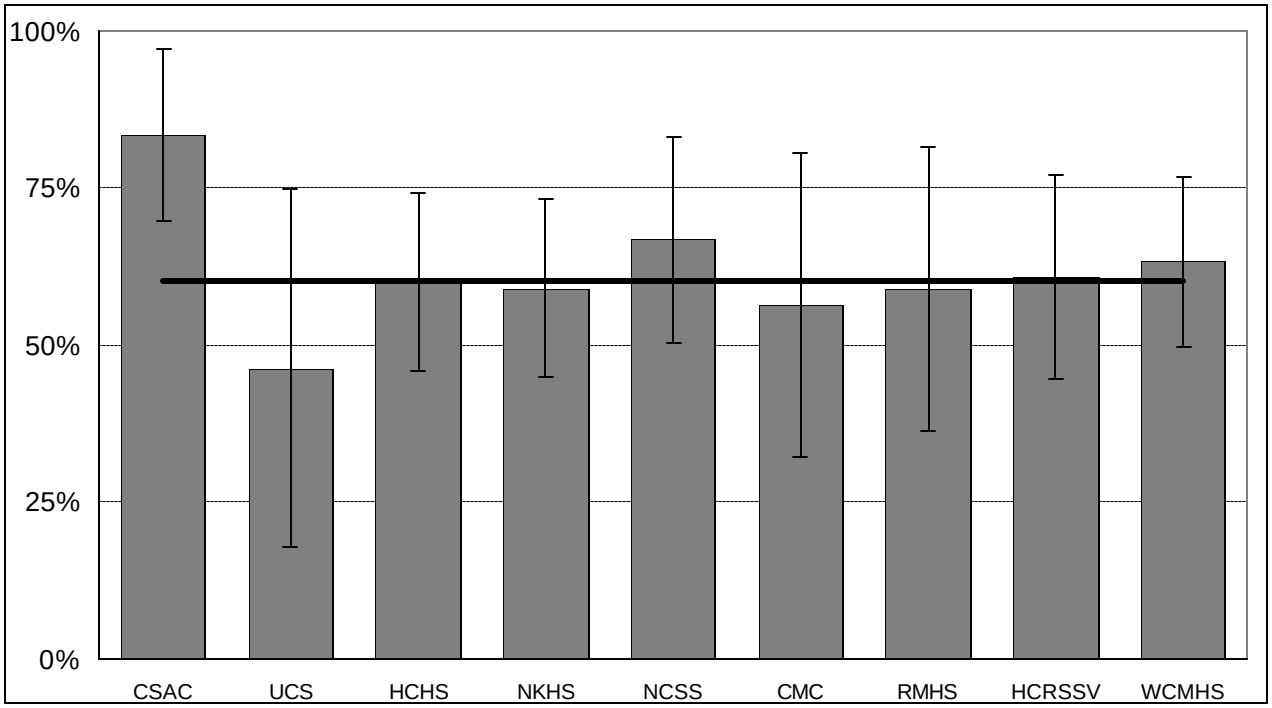
Region/Provider	# Respondents	# Positive Respondents	% Positive Respondents	Confidence Interval	Significance*
Addison -CSAC	24	18	75%	(59%-91%)	
Bennington -UCS	13	6	46%	(18%-75%)	
Chittenden -HCHS	39	25	64%	(50%-78%)	
Northeast -NKHS	39	23	59%	(45%-73%)	
Northwest -NCSS	27	20	74%	(59%-89%)	
Orange -CMC	16	10	63%	(39%-86%)	
Rutland -RMHS	17	10	59%	(36%-82%)	
Southeast -HCRSSV	28	19	68%	(52%-83%)	
Washington -WCMHS	38	26	68%	(55%-81%)	
Statewide median	241	157	64%		

Lamoille scores are excluded from regional reporting because too few young people completed the survey for valid comparison

* Denotes that ratings of service quality of this agency are significantly different to the statewide median ($p < .05$)

Figure 8. Youth Survey 2003: Positive Evaluation of Services

By Young People Served in Vermont July - December 2002



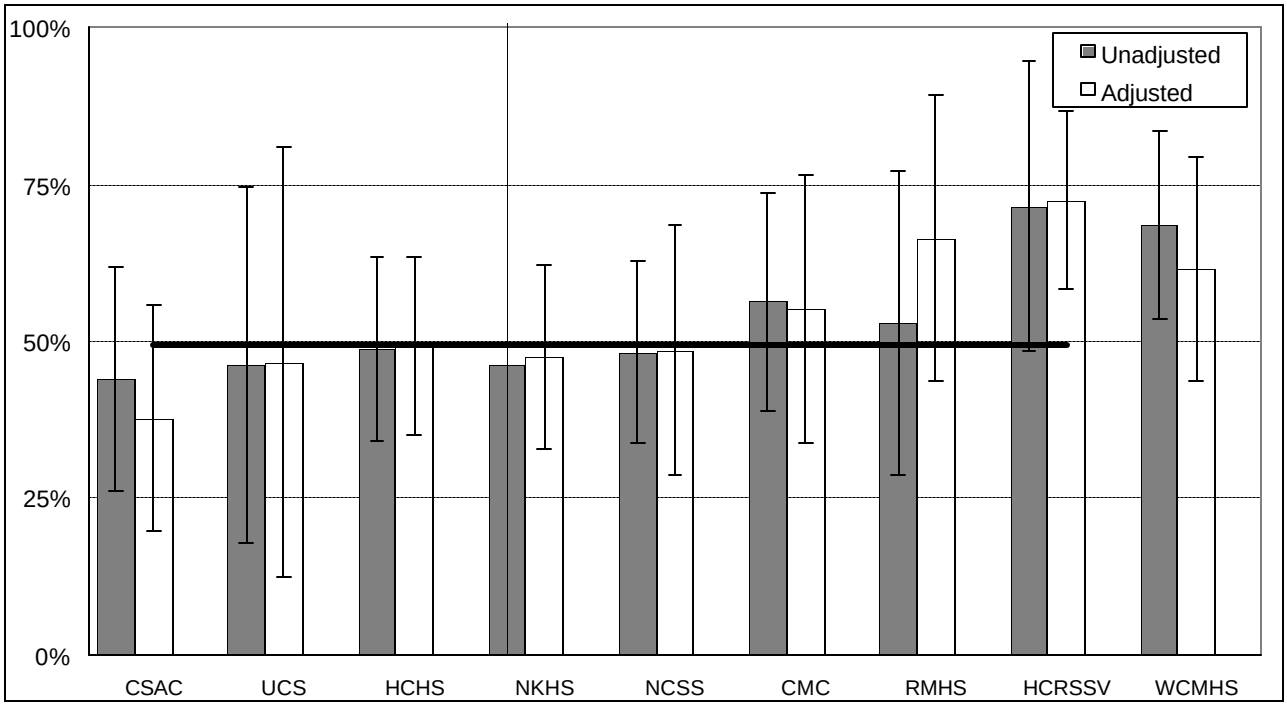
Region/Provider	# Respondents	# Positive Respondents	% Positive Respondents	Confidence Interval	Significance*
Addison -CSAC	24	20	83%	(70%-97%)	*
Bennington -UCS	13	6	46%	(18%-75%)	
Chittenden -HCHS	40	24	60%	(46%-74%)	
Northeast -NKHS	39	23	59%	(45%-73%)	
Northwest -NCSS	27	18	67%	(50%-83%)	
Orange -CMC	16	9	56%	(32%-80%)	
Rutland -RMHS	17	10	59%	(36%-82%)	
Southeast -HCRSSV	28	17	61%	(44%-77%)	
Washington -WCMHS	38	24	63%	(50%-77%)	
Statewide median	242	151	60%		

Lamoille scores are excluded from regional reporting because too few young people completed the survey for valid comparison.

* Denotes that ratings of services from this agency are significantly different to the statewide median ($p < .05$)

Figure 9. Youth Survey 2003: Positive Evaluation of Outcomes

By Young People Served in Vermont July - December 2002



Region/Provider	# Respondents	# Positive Respondents	Adj.%Positive Respondents	Confidence Interval	Significance*
Addison -CSAC	25	11	38%	(20%-56%)	
Bennington -UCS	27	6	47%	(12%-81%)	
Chittenden -HCHS	39	19	49%	(35%-64%)	
Northeast -NKHS	28	18	47%	(33%-62%)	
Northwest -NCSS	39	13	48%	(28%-69%)	
Orange -CMC	16	9	55%	(34%-76%)	
Rutland -RMHS	17	9	66%	(44%-89%)	
Southeast -HCRSSV	13	20	72%	(58%-87%)	*
Washington -WCMHS	38	26	61%	(44%-79%)	
Statewide median	242	131	49%		

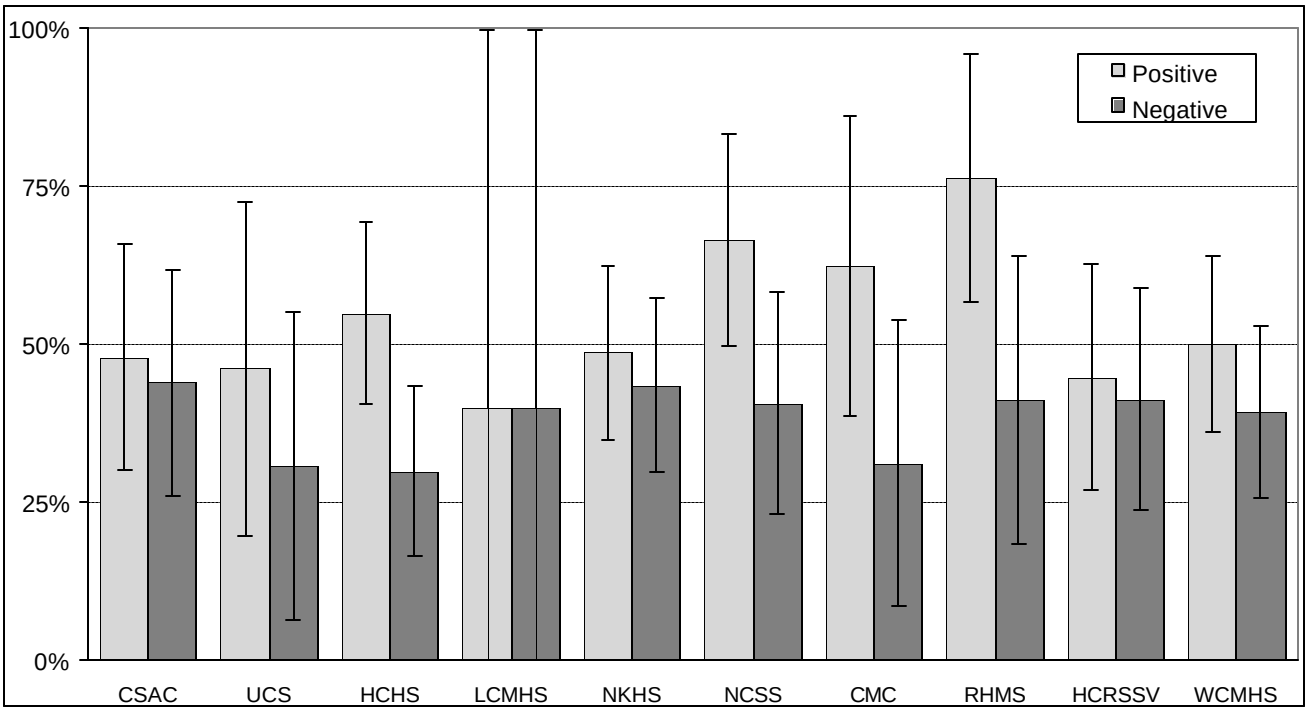
Lamoille scores are excluded from regional reporting because too few young people completed the survey for valid comparison.

% positive scores adjusted to account for differences between CMHCs in the amounts of service their young clients received during the study period (1 to 10, 11-37, or 38 + services)

* Denotes that ratings of service quality of this agency are significantly different to the statewide median (p<.05)

Figure 10. Youth Survey 2003: Additional Positive and Negative Narrative Comments

By Young People Served in Vermont July - December 2002



Region/Provider	# Respondents	% Positive Respondents	Confidence Interval	%Negative Respondents	Confidence Interval	Significance*
Addison -CSAC	25	48%	(30%-66%)	44%	(26%-62%)	
Bennington -UCS	13	46%	(20%-73%)	31%	(6%-55%)	
Chittenden -HCHS	40	55%	(41%-69%)	30%	(17%-43%)	*
Lamoille -LCMHS	5	40%	(-20%-100%)	40%	(-20%-100%)	
Northeast -NKHS	39	49%	(35%-62%)	44%	(30%-57%)	
Northwest -NCSS	27	67%	(50%-83%)	41%	(23%-58%)	*
Orange -CMC	16	63%	(39%-86%)	31%	(9%-54%)	*
Rutland -RHMS	17	76%	(57%-96%)	41%	(18%-64%)	*
Southeast -HCRSSV	29	45%	(27%-63%)	41%	(24%-59%)	
Washington -WCMHS	38	50%	(36%-64%)	39%	(26%-53%)	
Statewide median	249	49%		40%		

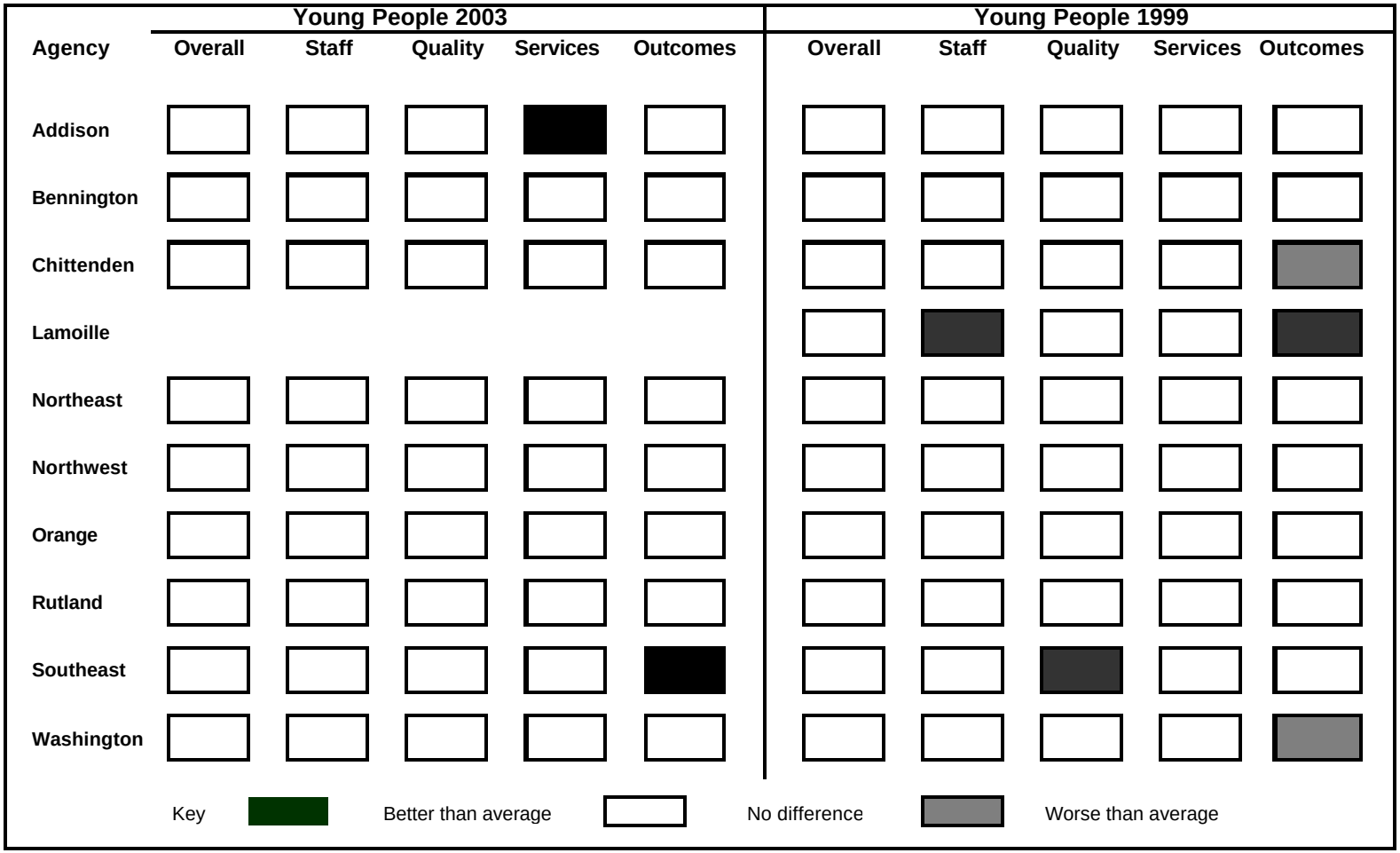
* Denotes that significantly more respondents made positive than negative comments at this agency ($p < .05$)

Figure 11. Youth Survey 2003: Report Card

Positive Evaluation of Child and Adolescent Mental Health Programs By Young People Served in Vermont July - December 2002

Lamoille scores are excluded from regional reporting for 2003 because too few young people completed the survey for valid comparison.

Figure 12. Comparative Evaluation of Child and Adolescent Mental Health Programs
Positive Evaluation of Programs by Young People in 2003 and 1999



Lamoille scores are excluded from regional reporting for 2003 because too few young people completed the survey for valid comparison.

APPENDIX VI

Child and Adolescent Mental Health Programs in Vermont

This report provides assessments of the ten regional child and adolescent mental health programs that are designated by the Vermont Department of Developmental and Mental Health Services. Child and adolescent mental health programs serve children and families who are undergoing emotional or psychological distress or are having problems adjusting to changing life situations. These programs primarily provide outpatient services: outreach and clinic-based services, crisis intervention, family supports, and prevention, screening and consultation. These agencies also provide residential services or referrals to residential services for children and adolescents who have a severe emotional disturbance and who temporarily need treatment services delivered in an out of home setting. Throughout this report, these child and adolescent mental health programs have been referred to by the name of the region that they serve. The full name and location of the designated agency with which each of these programs is associated are provided below.

Addison, Counseling Service of Addison County (CSAC) in Middlebury.

Bennington, United Counseling Services (UCS) in Bennington.

Chittenden , Howard Center for Human Services (HCHS) in Burlington.

Lamoille, Lamoille County Mental Health Services (LCMHS) in Morrisville.

Northeast, Northeast Kingdom Human Services (NKHS) in Newport and St. Johnsbury.

Northwest, Northwestern Counseling and Support Services (NCSS) in St. Albans.

Orange, Clara Martin Center (CMC) in Randolph.

Rutland, Rutland Mental Health Services (RMHS) in Rutland.

Southeast, Health Care & Rehabilitation Services of Southeastern Vermont (HCRSSV) in White River Junction, Springfield, and Brattleboro.

Washington, Washington County Mental Health Services (WCMHS) in Berlin and Barre.